

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 729484 (6)

1. Corporation Name
SILVER SPRINGS SHORES CHAPTER #1662 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.



Principal Place of Business C/O OLIVE LEWIS 4 SILVER COURT OCALA FL 34472	Mailing Address C/O OLIVE LEWIS 4 SILVER COURT OCALA FL 34472
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3. Date Incorporated or Qualified 04/25/1974		
4. FEI Number 23-7379638	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	29. Zip
25. Country	30. Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SCHEDIN, CHRISTINE
68 SAPPHIRE ROAD
OCALA FL 34472**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	LEWIS, OLIVE L	
STREET ADDRESS	4 SILVER COURT	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOODROE, ONETA	
STREET ADDRESS	8881 SE 90TH AVENUE ROAD	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCHEDIN, CHRISTINE	
STREET ADDRESS	68 SAPPHIRE ROAD	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARBA, JEAN	
STREET ADDRESS	3 CLEAR RUN	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KING, VIRGINIA	
STREET ADDRESS	585 A FAIRWAYS CIR.	
CITY-ST-ZIP	OCALA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D KNIGHT, LORRAINE
6.3 STREET ADDRESS	6 Pecan Run Trlce
6.4 CITY-ST-ZIP	OCALA, FL 34472

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Olive L Lewis* 4-20-98 958-687-1556

CR2E037 (10/97)